

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Reissue Application for	)	Examiner: Not yet assigned
	)	
Patent No.: 5,498,240	)	Group Art Unit: 3306
	)	
Issued: September 10, 1996	)	
	)	
Inventors: Bagaoisan, <i>et al.</i>	)	
	)	
Serial No.: 08/843,711	)	
	)	
For: <b>INTRAVASCULAR CATHETER WITH</b>	)	
<b>A REPLACEABLE SHAFT SECTION</b>	)	
	)	
Filed: April 16, 1997	)	
	)	
Docket No.: 22965.2111	)	

**ASSENT OF ASSIGNEE TO REISSUE APPLICATION**

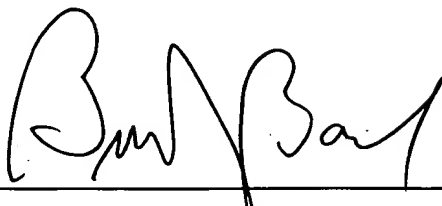
Assistant Commissioner for Patents  
 BOX REISSUE  
 United States Patent and Trademark Office  
 Washington, D.C. 20231

Dear Sir:

The undersigned is an agent for the Assignee of record of the entire interest of U.S. Patent 5,498,240. The Assignment which granted Assignee its entire interest was recorded on November 25, 1994, at Reel 7269, Frame 0286.

Assignee hereby assents to the application for reissue of U.S. Patent  
5,498,240, which was filed April 16, 1997.

Respectfully submitted,

Dated: Jan. 16, 1998 By:   
Name: Bruce J Barclay  
Title: Secretary and General Counsel  
For: Advanced Cardiovascular Systems, Inc.

Attorney of record:

Edward J. Lynch, Esq.  
HELLER EHRMAN WHITE & McAULIFFE  
525 University Avenue  
Palo Alto, CA 94301-1900  
Direct Dial: (650) 324-7098  
Telephone: (650) 324-7000  
Facsimile: (650) 324-0638

HEWM #56205

REQUEST FOR PATENT FEE REFUND			
1 Date: 11-24-97		2 Serial/Patent #: 08/843711	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$ 386
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND \$ 386	
10 REASON:		8 TO BE REFUNDED BY:	
Overpayment		Treasury Check	
Duplicate Payment		Credit Deposit A/C #:	
No Fee Due (Explanation):		9 08--11641	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Roxanne Rawls		TITLE: LIE	
SIGNATURE: [Signature]		PHONE: 308-7901	
OFFICE: 4			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: [Signature]		DATE: 03-28-98	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

FORM PTO 1577  
(01/90)

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**